Heritage CHRISTIAN SCHOOL

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Appeal of Assessment Result

To be submitted to the Head of Department within three (3) days of the return of an Assessment Task.

Section A – Student to Complete			
Name		Year	
Subject		Teacher	

Complete this section and submit to the Head of Curriculum if you are appealing:

- □ The mark awarded for your assessment task — Assessment Task:_____ Mark Awarded:_____
- □ Your assessment rank within a course
- □ Your request for extension — Date form was completed:_____
- □ Your request for illness/misadventure — Date form was completed:_____

Reason for appeal:

Supporting documents attached:_____

Student signature: _____ Date:_____

Parent signature: _____ Date:_____

Section B – Head of Curriculum to Complete

Appeal granted: YES / NO Action: _____

Head of Curriculum Signature: _____ Date:_____

Section C – Office Staff to Complete

Office staff to scan & add to student file.